

AMENDED IN ASSEMBLY MARCH 25, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1790**

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**Introduced by Assembly Member Dickinson**

February 18, 2014

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An act to amend *Section 8715 of, and to add Section 8715.5 to, the Family Code, and to amend Section 16125 of the Welfare and Institutions Code*, relating to foster children.

LEGISLATIVE COUNSEL'S DIGEST

AB 1790, as amended, Dickinson. Foster children: mental health services.

Existing law provides for the Adoption Assistance Program, administered by the State Department of Social Services, which provides for the payment by the department and counties of cash assistance to eligible families that adopt eligible children, and bases the amount of the payment on the needs of the child and the circumstances of the family. Under existing law, the department, county adoption agency, or licensed adoption agency is required, among other duties, to provide the prospective adoptive family with information on the availability of mental health services through the Medi-Cal program or other programs. Existing law provides that a foster child whose adoption has become final and who is receiving or is eligible to receive Adoption Assistance Program assistance, including Medi-Cal, and whose foster care court supervision has been terminated, shall be provided medically necessary specialty mental health services by the local mental health plan in the county of residence of his or her adoptive parents, as specified.

This bill would require the county mental health plan to prioritize referrals of pre- and postadoptive or guardianship families to specialty

mental health services providers who are adoption and permanency competent, as described, ~~and requires~~. *The bill would require the department to convene a stakeholder group to facilitate the development of a process to approve curricula and determine criteria for trainers of mental health professionals seeking to become adoption and permanency competent. The bill would also require the county mental health plan to attempt to ensure that an adequate number take steps to increase the pool of adoption and permanency competent specialty mental health providers who are available to meet the needs of the children.*

To the extent that it would impose new duties on counties in connection with the provision of mental health services, this bill would impose a state-mandated local program.

*Existing law requires the department, county adoption agency, or licensed adoption agency, whichever is a party to an adoption petition, to submit a full report of the facts of the case to the court.*

*This bill, commencing January 1, 2016, would require the department, county adoption agency, or licensed adoption agency to inform the prospective adoptive parents about the importance of working with mental health providers who are competent in the provision of adoption- and permanency-related mental health services, and to indicate in the report whether this information has been provided.*

*By requiring county adoption agencies to provide this information, this bill would impose a state-mandated local program.*

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. (a) The Legislature finds and declares all of the
- 2 following:
- 3 (1) Despite the increase in the number of children achieving
- 4 permanence through adoption, placement of a child into a stable

1 and motivated family is not considered sufficient to compensate  
2 for psychosocial problems related to prior trauma and chronic  
3 maltreatment. As the number of adopted children with significant  
4 developmental and emotional issues surrounding their adoption  
5 experience has grown, the need has increased for child welfare  
6 professionals and clinicians with an in-depth understanding of  
7 adoption issues and the skills to work effectively with adoptive  
8 persons and their families.

9 (2) Adoption issues are not typically included in the education  
10 of psychologists and marriage and family therapists, and these  
11 issues are given relatively limited attention in the training of  
12 graduate level social workers. Many textbooks for counseling  
13 professionals have limited coverage of adoption. As a result, most  
14 mental health practitioners and many child welfare professionals  
15 lack knowledge about adoption and the issues that are unique to  
16 adoptive families. Many mental health professionals, for example,  
17 are unaware of the potential impact of adoption on clients. Given  
18 the absence of education on adoption issues, it is not surprising  
19 that many counselors report feeling unprepared to deal with  
20 adoption related issues in their practice.

21 (3) The interest in developing specialized clinical training in  
22 adoption has evolved over two decades as a result of the high  
23 demand for postadoption services by families and the lack of local  
24 mental health and post permanency supports that address the needs  
25 of adoptive families.

26 (4) Adoption competence begins with a solid foundation of  
27 knowledge and clinical skills gained through an approved graduate  
28 program in psychiatry, psychology, social work, marriage and  
29 family therapy, or counseling. Meeting the needs of individuals  
30 and families touched by adoption also requires specialized training  
31 in assessment, diagnosis, and intervention. At each phase of the  
32 clinical process, therapists must be attuned to the complex array  
33 of historical and contemporary factors impacting the lives of their  
34 clients and, specifically, to the ways in which the adoption  
35 experience can influence their identity, relationships, and  
36 development.

37 (b) It is the intent of the Legislature in enacting this act to  
38 increase stability of adoptive and guardianship families by  
39 increasing the pool of adoption and permanency competent mental  
40 health professionals.

1     *SEC. 2. Section 8715 of the Family Code is amended to read:*

2     8715. (a) The department, county adoption agency, or licensed  
3     adoption agency, whichever is a party to, or joins in, the petition,  
4     shall submit a full report of the facts of the case to the court.

5     (b) If the child has been adjudged to be a dependent of the  
6     juvenile court pursuant to Section 300 of the Welfare and  
7     Institutions Code, and has thereafter been freed for adoption by  
8     the juvenile court, the report required by this section shall describe  
9     whether the requirements of subdivision (e) of Section 16002 of  
10    the Welfare and Institutions Code have been completed and what,  
11    if any, plan exists for facilitation of postadoptive contact between  
12    the child who is the subject of the adoption petition and his or her  
13    siblings and half siblings.

14    (c) If a petition for adoption has been filed with a postadoption  
15    contact agreement pursuant to Section 8616.5, the report shall  
16    address whether the postadoption contact agreement has been  
17    entered into voluntarily, and whether it is in the best interests of  
18    the child who is the subject of the petition.

19    (d) *Commencing January 1, 2016, the report required by this*  
20    *section shall describe whether the prospective adoptive parents*  
21    *have been provided with the information required by Section*  
22    *8715.5.*

23    ~~(d)~~

24    (e) The department may also submit a report in those cases in  
25    which a county adoption agency, or licensed adoption agency is  
26    a party or joins in the adoption petition.

27    ~~(e)~~

28    (f) If a petitioner is a resident of a state other than California,  
29    an updated and current homestudy report, conducted and approved  
30    by a licensed adoption agency or other authorized resource in the  
31    state in which the petitioner resides, shall be reviewed and endorsed  
32    by the department, county adoption agency, or licensed adoption  
33    agency, if the standards and criteria established for a homestudy  
34    report in the other state are substantially commensurate with the  
35    homestudy standards and criteria established in California adoption  
36    regulations.

37    *SEC. 3. Section 8715.5 is added to the Family Code, to read:*

38    8715.5. (a) *Prior to the finalization of an adoption, the*  
39    *department, county adoption agency, or licensed adoption agency*  
40    *shall inform the adoptive parents about the importance of working*

1 *with mental health providers who are competent in the provision*  
2 *of adoption- and permanency-related mental health services,*  
3 *should they require those services in the future. This information*  
4 *shall include the competency criteria set forth in subdivision (d)*  
5 *of Section 16125 of the Welfare and Institutions Code.*

6 *(b) This section shall become operative on January 1, 2016.*

7 ~~SEC. 2.~~

8 SEC. 4. Section 16125 of the Welfare and Institutions Code is  
9 amended to read:

10 16125. A foster child whose adoption has become final, who  
11 is receiving or is eligible to receive Adoption Assistance Program  
12 assistance, including Medi-Cal, and whose foster care court  
13 supervision has been terminated, shall be provided medically  
14 necessary specialty mental health services by the local mental  
15 health plan in the county of residence of his or her adoptive parents,  
16 pursuant to all of the following:

17 (a) The host county mental health plan shall be responsible for  
18 submitting the treatment authorization request (TAR) to the mental  
19 health plan in the county of origin.

20 (b) The requesting public or private service provider shall  
21 prepare the TAR.

22 (c) The county of origin shall retain responsibility for  
23 authorization and reauthorization of services utilizing an expedited  
24 TAR process.

25 (d) The county mental health plan shall prioritize referrals of  
26 pre- and postadoptive or guardianship families to specialty mental  
27 health services providers who are adoption and permanency  
28 competent.

29 (1) A mental health professional shall be considered adoption  
30 and permanency competent if the following requirements are met:

31 (A) The mental health professional has completed the requisite  
32 education and obtained all necessary licenses otherwise required  
33 by law.

34 (B) The mental health professional has completed a minimum  
35 of 48 hours of adoption and permanency competency training from  
36 an evidence-informed curriculum that shows empirical support for  
37 the impact of training on recipients' knowledge and adoption  
38 practice. Topics covered in the curricula shall include, at a  
39 minimum, all of the following:

40 (i) Separation, grief, and loss.

- 1 (ii) Attachment.
- 2 (iii) Trauma and brain development.
- 3 (iv) Identity formation.
- 4 (v) Openness in adoption.
- 5 (vi) Impact of pre- or postnatal exposure to drugs and alcohol.
- 6 (vii) Adoptive family formation, integration, and developmental
- 7 stages.
- 8 (viii) Family constellation challenges in adoption, including the
- 9 birth family and the adoptive family.
- 10 (ix) Race, ethnicity, sexual orientation, gender identity, and
- 11 cultural competence.
- 12 (x) Tools for skilled practice.
- 13 (xi) Tools for adoptive parents, including, but not limited to,
- 14 decoding behaviors, how to mitigate impacts of trauma, and
- 15 recognizing behavioral and emotional challenges in context of life
- 16 histories.
- 17 (C) A family-based, strength-based, and evidence-based
- 18 approach to working with adoptive families and birth families.
- 19 (D) A developmental and systemic approach to understanding
- 20 and working with adoptive and birth families.
- 21 (E) Demonstrated knowledge, clinical skills, and experience in
- 22 treating individuals with a history of abuse, neglect, or trauma.
- 23 (F) Demonstrated knowledge, clinical skills, and experience in
- 24 working with adoptive families and birth families.
- 25 (2) County mental health plans shall ~~attempt to ensure that an~~
- 26 ~~adequate number~~ *take steps to increase the pool* of adoption and
- 27 permanency competent specialty mental health providers *who* are
- 28 available to meet the needs of children formerly in foster care who
- 29 have been adopted or are with guardianship families.
- 30 (3) *The department shall convene a stakeholder group as*
- 31 *appropriate to facilitate the development of a process to approve*
- 32 *curricula and determine criteria for trainers. The stakeholder*
- 33 *group shall also facilitate the establishment of a process by which*
- 34 *mental health practitioners with adoption and permanency*
- 35 *competency comply with the requirements specified in paragraph*
- 36 *(1).*

37 ~~SEC. 3.~~

38 *SEC. 5.* If the Commission on State Mandates determines that

39 this act contains costs mandated by the state, reimbursement to

40 local agencies and school districts for those costs shall be made

- 1 pursuant to Part 7 (commencing with Section 17500) of Division
- 2 4 of Title 2 of the Government Code.

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